

**COMMERCIAL**  
**NEW CONSTRUCTION**  
**ADDITIONS**

## Town of Brookfield

### Procedure for Obtaining a Building Permit

**\*\*PLEASE READ CAREFULLY\*\***

Failure to comply with these requirements will delay the review of your application.

The Permit Application documents must be completed in ink or typed. The following is a list of the documents and information that must be submitted in order to process your application. The Land Use Office staff will ensure that the materials are distributed to each of the Land Use departments for review.

#### **Commercial New Construction/Addition Document Checklist**

- Tax Collector Sign-off
- Copy of Design Review approval or Site Plan Modification approval from Zoning Commission
- Re-inspection fee acknowledgement
- Worker's compensation affidavit
- Letter of Authorization
- Combustion Air Calculation, if necessary
- Letter of Substantial Design Compliance, if necessary
- Statement of Special Inspections, if necessary
- Permitted Commercial Use Application for CZC
- Completed Building Permit Application
- Water Pollution Control Authority review form
- Fire Marshal plan review sheet
- Contractor's license and proof of insurance, if applicable
- 4 copies of approved Site Plan including handicapped accessibility and parking
- 4 Sets of signed and sealed Building Plans including complete mechanical, plumbing, electrical, architectural & structural plans
- COM Check, if necessary
- Structural calculations or other substantiation of structural performance, if necessary
- Interior finish ratings
- Fire Protection system information and plans, if necessary
- Fire Tank Approval letter from Water Source Committee, if necessary
- Copy of Inland Wetland permit approval, if necessary
- Fees (includes Building fees, Certificate of Zoning Compliance fee, Health Plan review fee, Certificate of Occupancy fee)

Building Permit # \_\_\_\_\_

Activity #: \_\_\_\_\_

## TOWN OF BROOKFIELD DEPARTMENT APPROVAL CHECKLIST

Property UID# \_\_\_\_\_

Property Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner of Record: \_\_\_\_\_ Phone #: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Developer's Lot # \_\_\_\_\_

*The applicant is responsible for obtaining all required signatures*

Department	Approved By:	Date	Comments/Stipulations
1. Tax Collector			
2. Historic District 775-2538			
3. Candlewood Shores 775-1172			
4. Public Works Dept.			
5. Inland Wetlands			
6. Zoning			
7. Health Department			
8. WPCA			
9. Fire Marshal			Read & Sign Review Sheet
10. Building Dept.			

### FINAL APPROVALS

1. Historic District 775-2538			
2. Inland Wetlands			
3. Zoning Compliance Certificate			
4. Health Dept			
5. WPCA			
6. Fire Marshal Final Inspection			

**\*\* The Building Dept., will schedule a final inspection after receipt of this completed checklist and a request for a final inspection. \*\***

7. Building Dept.** Final Inspection			
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Town of Brookfield  
Land Use Office  
100 Pocono Rd.  
Brookfield, CT 06804

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ATTENTION PERMIT HOLDER

**\*\*It is the responsibility of the permit holder or agent to call for inspections (minimum 24 hours in advance). The permit holder is responsible for all construction for that project. An oversight of code requirement(s) during plan review does not relieve you of your responsibility for compliance. During inspections, you may be required to make changes to insure that the current building & fire codes are satisfied.\*\***

- Per Chapter 127 of the Brookfield Code of Ordinances:

**Building Inspections which result in a failure will incur an additional \$25.00 fee for each reinspection.**

All reinspection fees shall be due and payable prior to the issuance of a Certificate of Occupancy.

- Per Chapter 242 of the Brookfield Code of Ordinances:

**Site Stabilization Inspections which result in a failure will incur an additional \$25.00 fee for each reinspection.**

All reinspection fees shall be due and payable prior to bond release.

*I acknowledge that per the Brookfield Code of Ordinances, I will be responsible for reinspection fees as outlined above. I also understand that it is my responsibility to call for inspections of the project.*

\_\_\_\_\_  
*Applicant/Agent signature*

\_\_\_\_\_  
*Date*

STATE OF CONNECTICUT  
WORKERS' COMPENSATION COMMISSION

**Building Permit Affidavit for Property Owners or Sole Proprietors**  
(Conn. Gen. Stat. § 31-286b)

Property located at \_\_\_\_\_

In the town of \_\_\_\_\_

Name of building permit applicant: \_\_\_\_\_

**Please check one:**

1. ☐ I am the owner of the above property.
2. ☐ I am the sole proprietor of a business.

2A. Name of business \_\_\_\_\_

2B. Federal Employer Identification Number (FEIN) \_\_\_\_\_

.....  
Pursuant to § 31-286b, "a property owner or sole proprietor [who] intends to act as a general contractor or principal employer" may provide either a certificate of workers' compensation insurance or a "sworn notarized affidavit... stating that he will require proof of workers' compensation insurance for all those employed on the job site in accordance with this chapter."

**Please check one:**

1. ☐ I do not intend to act as a general contractor or principal employer.  
[Sign and stop here]

\_\_\_\_\_  
Signature of applicant

2. ☐ I intend to act as a general contractor or principal employer. Applicant must either provide a certificate of workers' compensation insurance or sign the affidavit below.

.....  
**Affidavit**

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he/she engages in work on the above property in accordance with the Workers' Compensation Act (Chapter 568).

I understand that pursuant to § 31-275 C.G.S., officers of a corporation and partners in a partnership may elect to be excluded from coverage by filing a waiver with the appropriate District Office; and that a sole proprietor of a business is not required to have coverage unless he files his intent to accept coverage.

\_\_\_\_\_  
Signature of applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
(Notary Public/ Commissioner of the Superior Court)

## **Letter of Authorization**

To the Town of Brookfield:

I hereby declare the following:

- 1) That I am the owner of the premises described as follows:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zone

- 2) That I, \_\_\_\_\_, as property owner will act as general contractor.

**OR**

That \_\_\_\_\_ is duly authorized for and on behalf of the owner to execute an application for building permits to enable him/her to obtain permits to complete construction of the following work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3) That \_\_\_\_\_ is hereby designated as the owner's representative with whom all town departments may deal with in respect to the work involved.

Date: \_\_\_\_\_

Owner: \_\_\_\_\_  
Print Name Signature

## **TO CONTRACTORS:**

**CT. General Statutes (effective January 1, 2005):**

**§20-338b Building permit applications. Who may sign.**

Any licensed contractor who seeks to obtain a permit from a building official may sign the building permit application personally or delegate the signing of the building permit application to an employee, subcontractor or other agent of the licensed contractor, provided, the licensed contractor's employee, subcontractor or other agent submits to the building official a dated letter on the licensed contractor's letterhead, signed by the licensed contractor, stating that the bearer of the letter is authorized to sign the building permit application as the agent of the licensed contractor. The letter shall not be a copy or facsimile, but shall be an original letter bearing the original signature of the licensed contractor. The letter shall also include:

1. The name of the municipality where the work is to be performed;
2. The job name or a description of the job;
3. The starting date of the job;
4. The name of the licensed contractor;
5. The name of the licensed contractor's agent; and
6. The license numbers of all contractors to be involved in the work.

Address: \_\_\_\_\_ Permit No. \_\_\_\_\_

**Town of Brookfield Building Department  
Calculations for Combustion Air**

This form must be filled out for all of the following Permits:

1. All new homes
2. All finished basements
3. All boiler, furnace, and water heater replacements

What is the total combined gross btu ratings of all appliances located in the boiler room or rooms?

What is the volume of this room? (length x width x height) \_\_\_\_\_

Does the volume equal more than 50 cu. ft. for each 1,000 btu's of combined appliance ratings?

If it does, combustion air is not required.

If it is less than 50 cubic feet for each 1,000 btu's of combining rating, combustion air is required.

How will compliance with combustion air be achieved? Check one below.

- a.) interior air \_\_\_\_\_  
for interior air, what is the volume of the room the air is being taken from \_\_\_\_\_
- b.) air directly from the exterior of the building thru screened openings \_\_\_\_\_
- c.) air directly from the outside thru horizontal ducts \_\_\_\_\_

What is the calculated size of each opening? \_\_\_\_\_

Where will each opening be located? \_\_\_\_\_

Copies of your calculations must be submitted to the Building Official

I attest that I have done the above required calculations based on Chapter 20 of the 1995 CABO Mechanical Code

Signed \_\_\_\_\_

Printed Name \_\_\_\_\_

Company \_\_\_\_\_



What is the total gross btu ratings for all fuel burning appliances?

Example:	2 furnaces at 100,000 btu's =	200,000 btu's
	1 water heater at 85,000 btu's =	85,000 btu's
Total		285,000 btu's

How many cubic feet are contained in the room that the appliances are located?

Example:

The room is 40 feet long by 28 feet wide by 7 foot 6 inches high.  
This equals 8,400 cubic feet.

The code requires a room to be 50 cubic feet for each 1,000 btu's of appliances.  
So, in the above illustration, we have 285,000 btu's, so we would need  $50 \times 285$  or 14,250 cubic feet.  
So, for the above example, the room the boiler is in would be defined as a confined space, so we would need to introduce Combustion air.

Where we get the air for combustion will determine what size openings are required.

If we are getting the air from an interior space we will need 1 square inch for each 1,000 btu's of combined rating. For the above example, we will need each opening to be 285 square inches. One opening within 12 inches of the ceiling and one opening within 12 inches of the floor.

If we are getting air directly from the outside through louvers, we will need 1 square inch for each 4000 btu's. This will require 72 square inches but the code has set 100 square inches as the minimum size opening for combustion air. So, we will require 2 openings 100 square inches each located as above.

If we are getting air from the outside through horizontal ducts, we will require 1 square inch for each 2000 btu's. So, for the above example, we will require 2 openings, each opening to be  $285 \div 2 = 143$  square inches located as above.

Remember, if an interior source is being used, the space we are getting the air from must meet the 50 cubic feet for each 1000 btu's rule also. The size of the boiler room can be combined with the size of the room that the air is being taken from to achieve this volume. All calculations must be approved by the Building Official.

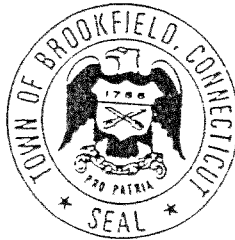
## Section 710

### Opening obstructions

Metal louvers free air is 75%.

Wooden louvers free air is 25%.

# TOWN OF BROOKFIELD



## CERTIFICATE OF SUBSTANTIAL COMPLIANCE

Property Owner: \_\_\_\_\_ Building Permit #: \_\_\_\_\_  
Site Address: \_\_\_\_\_ Use Group: \_\_\_\_\_

General Contractor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

THIS IS TO CERTIFY THAT to the best of my knowledge and belief, the above-described project has been designed in substantial compliance with the requirements of the State of Connecticut Basic Building Code and other applicable codes as required by Public Act 85-195. Minor deficiencies and approved variances are indicated below:

Architect of Record: \_\_\_\_\_ Registration Number: \_\_\_\_\_  
Engineer of Record: \_\_\_\_\_ Registration Number: \_\_\_\_\_

THIS IS TO CERTIFY THAT to the best of my knowledge and belief, the above-described project was built in accordance with the plans and specifications and approved change orders. Minor deviations are noted and listed below:

General Contractor \_\_\_\_\_

Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_

Received by  
BROOKFIELD BUILDING DEPARTMENT

\_\_\_\_\_  
Date

**STRUCTURAL  
ENGINEERS  
COALITION**

CONNECTICUT ENGINEERS  
IN PRIVATE PRACTICE

# Statement of Special Inspections

Project:

Location:

Owner:

Owner's Address:

Architect of Record:

Structural Engineer of Record:

This *Statement of Special Inspections* is submitted as a condition for permit issuance in accordance with the Special Inspection requirements of the BOCA National Building Code. It includes a Schedule of Special Inspection Services applicable to this project as well as the name of the Special Inspector and the identity of other approved agencies intended to be retained for conducting these inspections.

The Special Inspector shall keep records of all inspections and shall furnish inspection reports to the Building Official, Structural Engineer and Architect of Record. Discovered discrepancies shall be brought to the immediate attention of the Contractor for correction. If such discrepancies are not corrected, the discrepancies shall be brought to the attention of the Building Official, Structural Engineer and Architect of Record. The Special Inspection program does not relieve the Contractor of his or her responsibilities.

Interim reports shall be submitted to the Building Official, Owner, Structural Engineer and Architect of Record.

A *Final Report of Special Inspections* documenting completion of all required Special Inspections and correction of any discrepancies noted in the inspections shall be submitted prior to issuance of a Certificate of Use and Occupancy.

Job site safety and means and methods of construction are solely the responsibility of the Contractor.

Interim Report Frequency:

or ☐ per attached schedule.

Prepared by:

\_\_\_\_\_  
(type or print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Design Professional Seal

Owner's Authorization:

Building Official's Acceptance:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Project:

# Schedule of Special Inspection Services

The following sheets comprise the required schedule of special inspections for this project. The construction divisions which require special inspections for this project are as follows:

- ☐ Soils and Foundations
- ☐ Cast-in-Place Concrete
- ☐ Precast Concrete
- ☐ Masonry
- ☐ Structural Steel

- ☐ Cold-Formed Steel Framing
- ☐ Spray Fire Resistant Material
- ☐ Wood Construction
- ☐ Exterior Insulation and Finish System
- ☐ Special Cases

Inspection Agents	Firm	Address
1. Special Inspector		
2. Testing Laboratory		
3. Testing Laboratory		
4. Other		

Note: The qualifications of all personnel performing Special Inspection activities are subject to the approval of the Building Official.

The inspection and testing agent shall be engaged by the Owner or the Owner's Agent, and not by the Contractor or Subcontractor whose work is to be inspected or tested. Any conflict of interest must be disclosed to the Building Official, prior to commencing work.

The credentials of all Inspectors and testing technicians shall be provided if requested.

It is recommended that the person administering the Special Inspections program be a Professional Engineer experienced in the design of buildings.

Key for Minimum Qualifications of Inspection Agents (where indicated on Schedules)	
PE	Professional Engineer
EIT	Engineering in Training
ACI	American Concrete Institute Certified Concrete Field Testing Technician
AWS	American Welding Society Certified Welding Inspector
ASNT	American Society of Non-Destructive Testing - Level II or III

Qualifications of inspection agents may be indicated on the Schedule in instances where the Structural Engineer deems such requirements are appropriate.

Schedule of Special Inspection Services  
**Soils and Foundations**

Project:

Sheet of

Item	Agent No. (Qualif.)	Scope
1. Shallow Foundations		
2. Controlled Structural Fill		
3. Deep Foundations		
4. Other		

Schedule of Special Inspection Services  
**Cast-in-Place Concrete**

Project:                      Sheet                      of

Item	Agent No. (Qualif.)	Scope
1. Mix Design		
2. Material Certification		
3. Reinforcement Installation		
4. Post-Tensioning Operations		
5. Batching Plant		
6. Formwork Geometry		
7. Concrete Placement		
8. Evaluation of Concrete Strength		
9. Curing and Protection		
10. Other		

Schedule of Special Inspection Services  
**Precast Concrete**

Project:                      Sheet                      of

Item	Agent No. (Qualif.)	Scope
1. Plant Certification / Quality Control Procedures		
2. Mix Design		
3. Material Certification		
4. Reinforcement Installation		
5. Prestress Operations		
6. Connections / Embedded Items		
7. Formwork Geometry		
8. Concrete Placement		
9. Evaluation of Concrete Strength		
10. Curing and Protection		
11. Erected Precast Elements		
12. Other		

Item	Agent No. (Qualif.)	Scope
1. Material Certification		
2. Mixing of Mortar and Grout		
3. Installation of Masonry		
4. Reinforcement Installation		
5. Grouting Operations		
6. Weather Protection		
7. Evaluation of Masonry Strength		
8. Anchors and Ties		
9. Other		



Schedule of Special Inspection Services  
**Structural Steel**

Project:

Sheet of

Item	Agent No. (Qualif.)	Scope
1. Fabricator Certification/ Quality Control Procedures		
2. Material Certification		
3. Open Web Steel Joists		
4. Bolting		
5. Welding		
6. Shear Connectors		
7. Structural Details		
8. Metal Deck		
9. Other		

Schedule of Special Inspection Services  
**Cold-Formed Steel Framing**

Project:

Sheet of

Item	Agent No. (Qualif.)	Scope
1. Member Sizes		
2. Material Thickness		
3. Material Properties		
4. Mechanical Connections		
5. Welding		
6. Framing Details		
7. Other		

Schedule of Special Inspection Services  
**Spray-Applied Fire Resistant Material**

Project:

Sheet of

Item	Agent No. (Qualif.)	Scope
1. Material Specifications		
2. Laboratory Tested Fire Resistance Design		
3. Schedule of Thickness		
4. Surface Preparation		
5. Application		
6. Curing and Ambient Condition		
7. Thickness		
8. Density		
9. Bond Strength		
10. Other		

Schedule of Special Inspection Services  
**Wood Construction**

Project:

Sheet of

Item	Agent No. (Qualif.)	Scope
1. Fabricator Certification/ Quality Control Procedures		
2. Material Grading		
3. Connections		
4. Framing and Details		
5. Other		

Item	Agent No. (Qualif.)	Scope
1. Material Submittals		
2. Condition of Substrate		
3. Application of Foam Plastic Board		
4. Application of Coatings		
5. Application of Mesh		
6. Ambient Condition and Curing		
7. Flashing and Joint Details		
8. Sealants/Caulks		
Other		

Schedule of Special Inspection Services  
**Special Cases**

Project:

Sheet of

Item	Agent No. (Qualif.)	Scope

# Final Report of Special Inspections

Project:

Location:

Owner:

Owner's Address:

Architect of Record:

Structural Engineer of Record:

To the best of my information, knowledge and belief, the Special Inspections required for this project, and itemized in the *Statement of Special Inspections* submitted for permit, have been performed and all discovered discrepancies have been reported and resolved other than the following:

Comments:

*(Attach continuation sheets if required to complete the description of corrections.)*

Interim reports submitted prior to this final report form a basis for and are to be considered an integral part of this final report.

Respectfully submitted,  
Special Inspector

\_\_\_\_\_  
(Type or print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Design Professional Seal*



**TOWN OF BROOKFIELD  
COMMERCIAL USE APPLICATION  
FOR CERTIFICATE OF ZONING COMPLIANCE**

**ACTIVITY #** \_\_\_\_\_ **PROPERTY I.D. #** \_\_\_\_\_

**APPLICANT/AGENT:**

**LANDOWNER OF RECORD:**

Name: _____	Name: _____
Address: _____	Address: _____
Contact Name: _____	Contact Name: _____
Phone: _____	Phone: _____
Cell Phone/E-Mail: _____	Cell Phone/E-mail: _____

**SITE DATA**

Street Address: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Unit I.D. #: \_\_\_\_\_

Business Name: \_\_\_\_\_

Permitted Use Classification: \_\_\_\_\_

Flood Plain Designation: \_\_\_\_\_

**DESCRIPTION OF BUSINESS:**

**USE DATA:**

No. of Employees: \_\_\_\_\_

Total Building Square Footage: \_\_\_\_\_

Unit Area Occupied Square Footage: \_\_\_\_\_

Total number of parking spaces for building: \_\_\_\_\_

Total number of parking spaces assigned to this business: \_\_\_\_\_

Is hazardous material employed? \_\_\_\_\_

Are any site changes contemplated? \_\_\_\_\_


If not, fill out HAZMAT questionnaire.

If so, a Design Review Modification is required.

**Comments:**

*I represent that this information is current, accurate and complete and that the work will be completed in accordance with the regulations. I certify that I am the designated agent for this project.*

Signature: \_\_\_\_\_  
*Applicant*

Signature: \_\_\_\_\_  
*Property Owner*



# APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

TAX COLLECTOR

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Date \_\_\_\_\_

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also Part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 and 6) are for department use only.

App. Date ____/____/____	Type Permit <input type="checkbox"/> Building (B)	<input type="checkbox"/> Electrical (E) <input type="checkbox"/> Mechanical (M)	<input type="checkbox"/> Plumbing (P) <input type="checkbox"/> Other (O) (See item 9)	Is Owner Applicant (Y/N)
-----------------------------	------------------------------------------------------	------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	--------------------------

## 1. PROPERTY INFORMATION

Street Address		Apt.	Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Commercial (C)	<input type="checkbox"/> Industrial (I) <input type="checkbox"/> Other (O)		

## 2. OWNER INFORMATION

First Name	Last name or Business Name	Phone
Street Address		City State Zip

## 3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR <small>LAST NAME, FIRST NAME</small>	ST. ADDRESS	CITY, ST.	LICENSE NO.
Applicant (not owner)				
Architect / Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

## 4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	PHONE NO.
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		PHONE NO.

## 5. BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)	<b>PROPOSED USE:</b> <b>ASSEMBLY</b> <input type="checkbox"/> THEATRE (1) <input type="checkbox"/> NIGHT CLUB (2) <input type="checkbox"/> RESTAURANT (3) <input type="checkbox"/> CHURCH (4) <input type="checkbox"/> OTHER ASSEMBLY (5) <input type="checkbox"/> BUSINESS (6) <b>EDUCATIONAL</b> <input type="checkbox"/> (GRADES 1-12) (7) <input type="checkbox"/> DAY CARE FACILITY (8) <b>FACTORY</b> <input type="checkbox"/> MODERATE HAZARD (9) <input type="checkbox"/> LOW HAZARD (10) <input type="checkbox"/> HIGH HAZARD (11)		<b>INSTITUTIONAL</b> <input type="checkbox"/> GROUP HOME (12) <input type="checkbox"/> HOSPITAL (13) <input type="checkbox"/> JAIL (14) <input type="checkbox"/> MERCANTILE (15) <b>RESIDENTIAL</b> <input type="checkbox"/> HOTEL, MOTEL (16) <input type="checkbox"/> MULTI-FAMILY (17) <input type="checkbox"/> BOCA TWO FAMILY (18) <input type="checkbox"/> CABO TWO FAMILY (19) <input type="checkbox"/> BOCA SINGLE FAMILY (20) <input type="checkbox"/> CABO SINGLE FAMILY (21) <b>STORAGE</b> <input type="checkbox"/> MODERATE HAZARD (22) <input type="checkbox"/> LOW HAZARD (23)	<input type="checkbox"/> <b>OTHER (24)</b> PARKING GARAGE CARPORT MOTOR FUEL SERV. REPAIR GARAGE PUBLIC UTILITY HPM _____ _____ _____ _____ _____ _____ _____ _____
Plan Number _____  <b>IMPROVEMENT TYPE:</b> <input type="checkbox"/> NEW CONSTRUCTION (1) <input type="checkbox"/> ADDITION (2) <input type="checkbox"/> ALTERATION (3) <input type="checkbox"/> REPAIR / REPLACEMENT (4) <input type="checkbox"/> DEMOLITION (5) <input type="checkbox"/> RELOCATION (6) <input type="checkbox"/> FOUNDATION ONLY (7) <input type="checkbox"/> CHANGE OF USE ONLY (8)		<b>Structural (check that applicable)</b> <b>Frame</b> <input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____ <input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)			<b>Exterior (Check those applicable)</b> <b>Walls</b> <input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____ <input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)
Are any <b>structural assemblies</b> fabricated off-site? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Street Frontage (Feet)		Stories (Number)		Lot Area (Sq. feet)	
Front Setback (Feet)		Bed Rooms (Number)		Building Area (Sq. feet)	
Rear Setback (Feet)		Full Baths (Number)		Parking Area (Sq. feet)	
Left Setback (Feet)		Partial Baths (Number)		Living Area (Sq. feet)	
Right Setback (Feet)		Garages (Number)		Basement Area (Sq. feet)	
Height Above Grade (Feet)		Windows (Number)		Garage Area (Sq. feet)	
New Residential Units (Number)		Fireplaces (Number)		Office/Sales (Sq. feet)	
Existing Residential Units (Number)		Enclosed Parking (Number)		Service (Sq. feet)	
Elevators / Escalator (Number)		Outside Parking (Number)		Manufacturing (Sq. feet)	
Est. Start ____/____/____		Est. Finish ____/____/____		Building Est. Value \$	

## 6. ELECTRICAL PERMIT APPLICATION

Electrical Work ☐ Yes ☐ No

Total Service _____ AMPS		Number of Circuits:    2 WIRE    3 WIRE    4 WIRE			Number of Service Outlets:    110V    220V		
<b>POWER DEVICES</b>		No.	OUTPUT/LOAD	<b>POWER DEVICES</b>		No.	OUTPUT/LOAD
1				7			
2				8			
3				9			
4				10			
5							
6							
Utility Service Revisions:				Total Number of Motors			
Est. Start ____/____/____				Est. Finish ____/____/____		Electrical Work Est. Value \$	

Plumbing Work ☐ Yes ☐ No

## 8. MECHANICAL PERMIT APPLICATION

Mechanical Work ☐ Yes ☐ No

9. OTHER REQUIRED PERMIT APPLICATION(S)

Page 3

# 10. SITE PLAN

(Show lot lines, easements and work layout and dimensions)

A large grid of graph paper, consisting of 20 columns and 30 rows of small squares. The grid is used for drawing site plans, including lot lines, easements, and work layouts. The grid is oriented horizontally and occupies most of the page.

SCALE = 1 Inch = \_\_\_\_\_ FEET

### 11. DATA ENTRY

Application Received: / /

By:

Application Reviewed: / /

By:

Data Entry: / /

By:

### 12. FLOODPLAIN EVALUATION

FLOOD MAP NUMBER & DATE LOWEST FLOOR ELEVATION

FLOOD ZONE BASE FLOOD ELEVATION

### 13. ZONING PLAN EVALUATION

ZONING DISTRICT MAP NUMBER

LOT AREA (From Page 2) LOT COVERAGE (%)

LOT AREA PER ROOM ENCROACHMENTS

OFF STREET PARKING SPACES, REQUIRED PROVIDED

LOADING SPACE

SIGNS; NUMBER SIZE OF EACH SIGN

PLANNING COMMISSION APPROVAL REQUIRED

BOARD OF ZONING APPEALS APPROVAL REQUIRED

### 14. PLAN REVIEW RECORD

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
		\$					
<b>TOTAL</b>		\$	<b>TO BE ENTERED ON PART 18</b>				

### 15. ADDITIONAL PERMITS REQUIRED

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					DEMOLITION				

**16. PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)**

TYPE DRAWINGS/REPORT	SUBMITTED	SIGNED AND SEALED	DATE	REVISION DATE
Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Soil Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Architectural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Connect. Drwngs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Inspection Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**17. OTHER DEPARTMENT APPROVALS**

Signature	Date	Signature	Date
Fire		Health and Sanitation	
Public Works		Water	
Zoning Planning		Architectural Review	
Environmental Management			

**18. VALIDATION**

Building Permit	Date	Number	Permit/Insp. Fee
Electrical Permit	Date	Number	Permit/Insp. Fee
Plumbing Permit	Date	Number	Permit/Insp. Fee
Mechanical Permit	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee
Plan Review Fee (From Part 14)			
Certificate of Occupancy Fee			
Other Fee			
<b>TOTAL FEES</b>			

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_

**BROOKFIELD WATER POLLUTION CONTROL AUTHORITY**

100 Pocono Road, Brookfield, CT 06804 (203) 775-7319 Fax (203) 775-2614

☐ CHANGE OF OCCUPANCY      ☐ TENANT FIT-UP      ☐ ADDITION/RENOVATION

IS PROPERTY CONNECTED TO SEWER?

☐ YES  
☐ NO (NO ACTION REQUIRED)  
☐ UNSURE (CHECK WITH W.P.C.A. OFFICE)

LOCATION OF PROPOSED BUSINESS/RENOVATION

\_\_\_\_\_ UNIT # \_\_\_\_\_

TYPE OF OPERATION:

☐ FOOD PREPARATION  
☐ FOOD SALES  
☐ HAIR CARE  
☐ PHOTOGRAPHY  
☐ VEHICLE REPAIR  
☐ HAZARDOUS CHEMICALS  
☐ MANUFACTURING  
☐ OTHER (PLEASE LIST) \_\_\_\_\_

ESTIMATED WATER USE PER DAY IN GALLONS \_\_\_\_\_

NUMBER OF EMPLOYEES, FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

HOURS OF OPERATION \_\_\_\_\_ TO \_\_\_\_\_ # OF DAYS PER WEEK \_\_\_\_\_

PREVIOUS TENANT OR BUSINESS \_\_\_\_\_

PRINTED NAME OF PROPERTY OWNER \_\_\_\_\_

PROPERTY OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

W.P.C.A. SIGN OFF:      ☐ APPROVED      ☐ DENIED      ☐ OTHER

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

W.P.C.A. SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Contacted by: \_\_\_\_\_ Date: \_\_\_\_\_ via: \_\_\_\_\_  
Contacted by: \_\_\_\_\_ Date: \_\_\_\_\_ via: \_\_\_\_\_  
Contacted by: \_\_\_\_\_ Date: \_\_\_\_\_ via: \_\_\_\_\_

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**Town of Brookfield  
Fire Marshal's Office**

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**Fire Marshal:** Wayne Gravius

**Assistant Fire Marshal:** Gary Gramling

**Phone:** 203-775-7306    **Fax:** 203-740-7677

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**PLAN REVIEW INFORMATION**

**Application #:** \_\_\_\_\_

**Property ID#:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**APPLICANT/AGENT :**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Builder:** \_\_\_\_\_

**Architect:** \_\_\_\_\_

**LAND OWNER OF RECORD:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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*This section for office use only:*

**Received Date:** \_\_\_\_\_

**Review Date:** \_\_\_\_\_

☐ **Incomplete**

☐ **Complete**

**Date Received Complete:** \_\_\_\_\_

**Plan review #:** \_\_\_\_\_

**Comments:**

**(OVER)**



<p style="text-align: center;"><b>Town of Brookfield Fire Marshal's Office</b></p>
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**PROCEDURE FOR OBTAINING PERMITS**

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**Commercial, Industrial & Multiple Family Dwelling applications, and  
Hotel/Motel Occupancies must be approved by  
the Fire Marshal.**

**Required Documents:**

- 1. Completed Building Permit application  
(including necessary Commission/Dept. approvals)**
- 2. 2 sets of Site Plans**
- 3. 2 sets of Building Plans**
- 4. Code Review of Occupancy –  
A. International Fire Code  
B. 2003 HFPA Life Safety 101  
C. NFPA 1 Uniform Fire Code  
D. All International Codes Adopted by State of CT**
- 5. ALL codes have State Amendments**

**If you have questions about these procedures, please make an  
appointment with the Fire Marshal (203-775-7306).**

**\* Please call the Fire Marshal's Office for all inspections \***

**\*\* In accordance with the Open-Burning Law of the State of  
Connecticut, there is to be NO BURNING of construction  
material(s). A fine of \$100.00 will be imposed upon the property  
owner if this law is violated. \*\***

Effective 3/15/06

## §242-301C

Add as follows:

### Digital Map Submission

Prior to issuance of a final Certificate of Zoning Compliance, any "as-built" survey must be submitted in both paper & electronic format for all buildings constructed pursuant to a Design Review, Design Review Approval Modification involving building footprint changes, lot line changes, residential new construction or alterations with footprint changes within 10% of the minimum setbacks, and any activity permitted as a result of a variance granted by the Zoning Board of Appeals. The electronic format shall be for purposes of updating the Town's Geographic Information System (GIS) and shall meet the following criteria:

1. Drawings shall be on a compact disk (CD).
2. Electronics shall be in a format as prescribed by Town's GIS coordinator.

A certification letter stating that the electronic drawing is a copy of the survey map that was presented to the Zoning Enforcement Officer shall accompany electronic drawings. A land surveyor licensed by the State of Connecticut shall certify the letter.

ie:

